



# South African Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria

New Funding Model

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AIDSAccountability  
International



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Frontlines of Social Change Worldwide



The Global Fund  
To Fight AIDS, Tuberculosis and Malaria

## Crosscutting issues

- Participatory frontline service delivery monitoring of HIV and AIDS services.
- Research (to provide evidence on effective interventions, knowledge on KPs and also to develop new innovations).
- Necessity of enabling environments (for all key populations and especially for persons with disabilities).
- Capacity Building of all stakeholders, especially civil society and community structures.
- Leadership - all levels from local to national must be transparent, informed and engaged.
- Consultative and collaborative work processes (considering both bottom up and top down influences and needs).
- Diversity (needs to be recognised within the SA landscape and thus traditional vs Western and rural vs urban etc. needs to be considered in all responses).

## Key Populations in SA

- HIV/STIs
  - People living with HIV (PLHIV).
  - Girls and young women (10-35 years) and young men (10-35 years).
  - Sex workers, their children, intimate partners and clients.
  - Men who have sex with men.
  - Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
  - Persons with disabilities.
  - People who abuse alcohol and illegal substances (NSP definition).
  - Inmates, people awaiting trial and people who leave prison facilities.
  - Children and especially orphans and vulnerable children (OVC).
- TB
  - People living with HIV and AIDS (PLHIV/AIDS).
  - Inmates, people working in correctional facilities, people awaiting trial and people who leave prison facilities.
  - Miners.
  - Health workers including community workers.
  - Diabetics.
  - Farming community.

## Timeframe

- Linked to the National Strategic Plan with an immediate start.
- Reviews periodically through NSPs (every 5 years).
- Linked to The Medium Term Expenditure Framework (MTEF), and 90 90 90 Policy where applicable.

# Strategic Objective 1: Address Social and Structural Drivers of HIV, STI and TB Prevention, Care and Treatment

## Top Priority: Community systems strengthening

### NSP Links

NSP Sub-Objective 1.7: Strengthening the capacity of community systems to expand access to services is key and requires a systematic and comprehensive strategy to address capacity, referral networks, and co-ordination and feedback mechanisms. All provinces should implement strategies to support municipalities and local communities to address challenges and strengthen community systems.

#### Key Programmatic Interventions

- Capacitation of civil society organisations (CSOs) including community based organisation (CBOs), nongovernmental organisations (NGOs), faith based organisations (FBOs), disabled people's organisations, civil society groupings, community workers, volunteers, leaders, community structures including community workers and leaders from local institutions (Asset Based Community Development (ABCD) approach) to create and strengthen structures to improve HIV and TB outcomes.
- Strengthen governance, coordination, and community based monitoring and evaluation and reporting of CSOs for improved service delivery and accountability.
- Task shifting: Strengthen the links between health facilities and CSOs to implement task shifting to reduce the burden on health facilities and improve community access to HIV and TB screening and referral.

#### Rationale

- Poverty, unemployment and social norms are barriers to accessing prevention, care and treatment.
- CBOs can tackle social and structural drivers, and can reach key populations providing greater coverage.
- Improved resource and funding allocation to these groups will allow them to deliver on CSS.
- CSS improves social connectedness and reduces social isolation and improves social capital.

#### Target Groups

- CSOs, community workers, volunteers, informal groups, community leaders.

#### Geographic coverage

- High HIV/TB prevalence and incidence wards e.g., mining and peri-mining communities, prisons, informal settlements, sex work hotspots (brothels, shebeens, taverns, truck stops), deep rural communities.

#### Implementing Partners

- CSO's in partnership with CBOs and government.
- Capacity building institutions.
- All other sectors, especially at local level where a community centred integrated approach is critical.

#### Measurable Outcomes

- Reduced HIV and TB incidence in key and vulnerable populations.
- Improved access to contraceptives for adolescents.
- Improved social connectedness and reduced social isolation.

- Improved functioning of community-based support structures.
- Improved gender norms, equity and equality.
- Improved ward level coordination of health and social services delivered by government and civil society.
- Improved access to services for key and vulnerable populations e.g. persons with disabilities.
- Improved coverage and access to effective HCT, TB/STI screening, diagnosis, treatment and adherence.
- Increased cure rate for TB.

## Strategic Objective 2: Prevent New HIV, STI and TB Infections

### Top Priority: No New HIV, STI and TB Infections

#### NSP Links

**NSP Sub-Objective 2.1: Maximise opportunities to ensure everyone in SA tests voluntarily for HIV and is screened for TB at least annually, and is subsequently enrolled in relevant wellness and treatment, care and support programmes.**

**NSP Sub-Objective 2.2: make accessible a package of sexual and reproductive health (SRH) services.**

**NSP Sub-Objective 2.4: Implement a comprehensive national social and behavioural change communication strategy with particular focus on key populations.**

**NSP Sub-Objective 2.5 Prepare for the potential implementation of future innovative, scientifically proven HIV, STI and TB prevention strategies.**

**NSP Sub-Objective 2.6: Prevent TB infection and disease.**

### Key Programmatic Interventions

- Comprehensive SRHR services aimed especially at girls and young women (10-35 years) and boys and young men (10-35) years and other key populations, especially those affected by cross cutting issues.
- Male and female condom and lube distribution.
- Conduct awareness and education programmes for key populations (including traditional/cultural values).
- Behaviour change communication (BCC) developed in a bottom-up approach.
- Research and implement new prevention techniques.

### Rationale

- Increase life expectancy, and promote a healthier lifestyle with a view to reducing vulnerability of key affected population groups, and ensuring new and emerging technologies are put into use as soon as viable.

### Target Groups

- Girls and young women (10-35 years) and boys and young men (10-35 years).
- People who inject drugs.
- Sex workers, their children, intimate partners and clients.
- Men who have sex with men (MSM).

- Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
- Inmates, people awaiting trial and people who leave prison facilities.
- Persons with disabilities and in particular persons with communication, intellectual and psychosocial disabilities.
- Miners and farm workers.
- People living with diseases.

### Geographic coverage

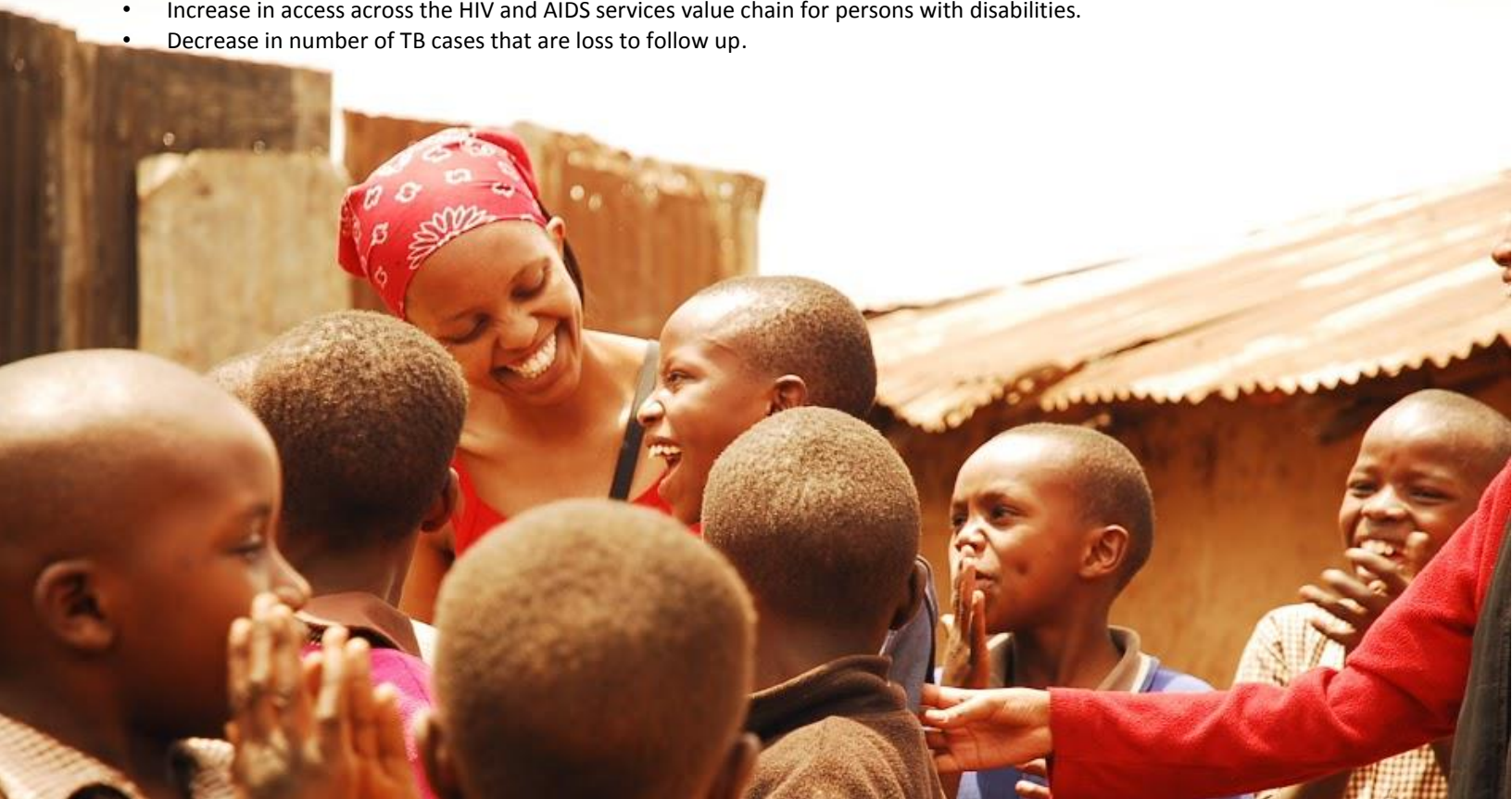
- Sex work hotspots such as truck stops, shebeens, taverns and brothels.
- Mining and peri-mining communities.
- Informal settlements.
- Educational institutions.
- Social gathering places.
- Deep rural communities.

### Implementing Partners

- All sectors of civil society.
  - Link with relevant government departments.
  - Allow for innovations from community level.

### Measurable Outcomes

- Increase in access to contraceptives for adolescents.
- Increase in number of girls completing school.
- Increase in number of youth not conforming to heterosexist gender norms completing school.
- Reduction in new infections (90% in 2030).
- Reduction of Multiple concurrent partnerships (MCP).
- Increase in correct and consistent male and female condom and lube usage.
- Standardisation of foreskin removal in safe male circumcision.
- Increase in uptake of health services and health seeking behaviour.
- Decrease in stigma and victimisation.
- Increase the uptake of HCT (regular and consistent).
- Increase in access across the HIV and AIDS services value chain for persons with disabilities.
- Decrease in number of TB cases that are loss to follow up.





## Strategic Objective 3: Sustain Health and Wellness

### Top Priority: Integration of TB/HIV/STI services with health and wellness

#### NSP Links

**NSP Sub-Objective 3.1: Reduce disability and death resulting from HIV, STIs and TB through universal access to HIV and TB screening, diagnosis, care and support.**

**NSP Sub-Objective 3.2: Ensure that PLHIV, STIs and TB remain within the health care system, are adherent to treatment and maintain optimal health and wellness.**

**NSP Sub-Objective 3.3: Ensure that systems and services remain responsive to the needs of PLHIV, STIs and TB.**

#### Key Programmatic Interventions

- Improved linkage to the continuum of care for PLHIV, TB and STIs.
- Mobile health services for key populations and those most affected by cross-cutting issues.
- Adherence support e.g. decentralized chronic adherence clubs.
- Sensitization training for health workers for non-judgmental services for key populations.
- Psychosocial and nutritional support especially for key populations.

#### Rationale

- Access, uptake and adherence remains low through the diagnostic and treatment procedures of all three diseases, a more integrated approach will ensure better patient experience minimising low access, uptake and adherence.
- High prevalence of sexual violence and gender inequality towards women and children contributes to risk of HIV infection and undermining sustained health and wellness outcomes.

#### Target Groups

- HIV/STIs
  - People living with HIV (PLHIV)
  - Girls and young women (10-35 years) and young men (10-35 years).
  - Persons with disabilities.
  - Sex workers, their children, intimate partners and clients.
  - Men who have sex with men (MSM)
  - Lesbian, gay, bisexual, transgender and intersex people (LGBTI).
  - People who inject drugs.
  - Inmates, people awaiting trial and people who leave prison facilities.
  - Children and especially orphans and vulnerable children (OVC).
- TB
  - People living with HIV (PLHIV).
  - Inmates, people awaiting trial and people who leave prison facilities.
  - Miners.
  - Health workers including community workers.
  - Diabetics.
  - Farming community.

#### Geographic coverage

- Focus on high HIV and TB prevalence wards.

## Implementing Partners

- CSO's in partnership with CBOs and Ministry of Health.

## Measurable Outcomes

- Increased healthy lifestyles.
- Decreased viral load
- Increase in number of patients on ART with undetectable viral loads
- Increase in cure rates for TB
- Successful treatment for HIV, TB and STIs.
- Improved health and wellness.

## Strategic Objective 4: Ensure Protection of Human Rights and Improve Access to Justice

### Top Priority: Address stigma and discrimination in access and monitor abuses

#### NSP Links

NSP Sub-Objective 4.1: Ensure rights are not violated when interventions are implemented and establish mechanisms for monitoring abuses and exercising rights.

NSP Sub-Objective 4.3: Reduce discrimination in access to services.

## Key Programmatic Interventions

- Protection and respect of human rights.
- Reducing stigma and discrimination.
- Improving access to justice.
- Improving gender inequality,
- Reduction in gender based violence.

## Rationale

- Access to human rights is not a lived reality even though the promotion and protection of human rights is entrenched in the SA Bill of Rights of the SA Constitution.

## Methodology

- Develop and early warning system to highlight punitive laws, policies, programmes and practices in order to address them and hold government accountable.
- Strengthen existing legal aid to ensure improved access to justice, in various ways for example courts, representation and disabilities.
- Civil Society Forum to identify and lobby for best practices to be replicated.
- More information and education to communities on human rights in order to ensure people exercise their rights.

## Target Groups

- Girls and young women between the ages of 10 and 24 years.
- People living close to national roads and in informal settlements.
- Young people not attending school and girls that drop out of school before matriculating.
- People from low socio-economic groups.
- Inmates, people awaiting trial and people who leave prison facilities.
- Uncircumcised men.
- Persons with disabilities.
- Sex workers, their children, intimate partners and clients.
- People who abuse alcohol and illegal substances.
- Men who have sex with men and lesbian, gay, bisexual and transgender persons.

## Geographic coverage

Alignment and coverage at Ward, Local, Provincial, and National Levels.

## Implementing Partners

- Civil society
- Government – MOE, MOH, MOJ, SAPS, DBE, DOH, DOJ, NPA, DSD.
- Legal Aid Board.
- Chapter 9 Institutions.

## Measurable Outcomes

- Improved access to human rights and justice for all.
- Reduced self-reported stigma.
- improved progress towards legal reform
- Reduced stigma and discrimination through sustainable support.
- Increased level of knowledge of human rights.
- Increased level of protection from state and community.
- Increased access to PEP for victims of sexual assault
- Increased conviction rate for perpetrators of sexual assault

## Sector Representation

1. Children
2. Disability
3. Faith-based organisations
4. Health professionals
5. Health related academic and research organisations
6. Higher education
7. Labour
8. Law and human rights
9. LGBTI
10. Men
11. Non-governmental organisations and community based organisations
12. People living with HIV and AIDS
13. Sex workers
14. Sports, Art and culture
15. Traditional Health Practitioners
16. Traditional Leaders
17. Women
18. Youth